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PATENT
H0005436-3020

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sund et al. : Confirmation No.: 8860
Serial No.: 10/687,467 : Group Art Unit: 3676
Filed: October 15, 2003 : Examiner: Enoch E. Peavey

For: FACE SEAL ASSEMBLY WITH
COMPOSITE STATOR

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

In response to the Office action dated as mailed on October 7, 2004, and having a period of response extending through and including January 7, 2005, please consider the following remarks:

Remarks/Arguments begin on page 2 of this paper.

Date: December 16, 2004

Inventor(s): Sund et al.
 Serial No. 10/687,467
 Filed : October 15, 2003
 For : FACE SEAL ASSEMBLY WITH COMPOSITE STATOR



COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

00128

(Insert Customer Number)

Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ Return Receipt Postcard
- ☒ No additional claim fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	
Total	*57	minus	**57	= 0	x \$25 =	\$	OR x50 = \$0.00
Independent	*6	minus	***6	= 0	x \$100 =	\$	OR x200 = \$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+180 =	\$	OR +360 = \$0
TOTAL						\$	OR TOTAL \$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 01-1125 the amount of \$_____. A copy of this transmittal letter is enclosed.
- ☐ A check in the amount of \$_____ to cover the extension fee is enclosed.
- ☐ A check in the amount of \$_____ to cover the additional claims is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 01-1125. A duplicate copy of this transmittal letter is enclosed.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Michael A. Shimokaji, Reg. No. 32,303

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

on

Michael A. Shimokaji, Reg. No. 32,303